

TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT PART XI - PERSONAL PROTECTIVE/ESCAPE/SURVIVAL/RESCUE DATA <small>For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.</small>										REQUIREMENTS CONTROL SYMBOL CSOCS-309			
1. DID THIS INDIVIDUAL SUSTAIN AN INJURY OR OCCUPATIONAL ILLNESS BECAUSE OF ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(NOTE: If "yes" box is checked, ensure a DA Form 2397-9 is completed for this individual)</small>													
2. PERSONNEL PROTECTIVE/RESTRAINT/SURVIVAL EQUIPMENT													
Item	Type (1)	Re- quired (2)	Avail- able (3)	Used (4)	Pro- duced Injury (5)	Al- lowed Injury (6)	Pre- vented Injury (7)	Re- duced Injury (8)	Func- tioned as De- signed (9)	Information Codes (10)			
a. Helmet													
b. Visor													
c. Glasses													
d. Flight Suit													
e. Flight Gloves													
f. Flight Jacket													
g. Boots													
h. Other Clothing													
i. Lap Belt													
j. Shoulder Harness													
k. Gunner Harness													
l. Inertia Reel													
m. Seat/Litter													
n. Survival Equipment													
o													
p.													
3. PERSONNEL EVACUATION/ESCAPE										Information Codes			
a. Method of Escape													
b. Location in Aircraft													
c. Exit Attempted													
d. Exit Used													
e. Aircraft Attitude During Escape													
f. Cockpit/Cabin Conditions													
g. Escape Difficulties													
4. LAPSED TIME FOR RESCUE		Date		Hour of Day		Lapsed Time		5. DISTANCE FROM ACCIDENT TO ACTUAL RESCUE VEHICLE AT TIME OF ACCIDENT					
		MM	DD	HR	MIN	HR	MIN						
a. Notification of Rescue Personnel								a. To Aircraft in Nautical Miles					
b. Individual Physically Reached													
c. Individual Actually Aboard Rescue Vehicle								b. To Ground Vehicle in Statute Miles					
d. Rescue Completed/Abandoned													
6. PERSONNEL SURVIVAL/RESCUE										Information Codes			
a. Survival Problems Encountered													
b. Means Used to Locate Individual													
c. Rescue Equipment Used													
d. Factors That Helped Rescue													
e. Factors Complicating Rescue													
f. Individual Physical Condition													
g. Vehicles Actually Performing Evacuation (Specify)													
h. Other Vehicles Assisting in Rescue (Specify)													
7. REMARKS (Use additional sheet if required)													
8. NAME (Last, First, MI)				10. GRADE		11. GENDER		12. DUTY		13. SVC		14. UIC	
15. CASE NO.	a. Date (YYYYMMDD)		b. Time		c. Acft Serial No.				16. OTHER ACFT SERIAL NO.				